

TRANSCRIPT PREPARED BY THE CLERK OF THE LEGISLATURE
Transcriber's Office

February 23, 1998 LB 1063

say they want to do. What...what it doesn't do is cover all the adults that we have been covering over the last...the changes that we've made over the last few years here in Nebraska, able-bodied adults. Back when you made the changes to the welfare bill, several years ago, we also made a change, you also made a change, I didn't vote for that bill, but that change was made that would allow individuals who were transitioning off of the ADC program, those people who were transitioning off of that program with their two-year program, et cetera, that they would be eligible for Medicaid for the next two years after they transitioned off of the ADC program, if their income was 185 percent of poverty or less. It did not cover the able-bodied adults in this state who already had an income at 185 percent of the poverty level or less, who had never been on a government program. So I think that that was a discussion that we didn't get to spend enough time on when that change was made. So if you were on ADC, you transitioned off and you got...you got a job, for the next two years you had pretty great medical insurance. As I think anybody who looks at this program understands, if you compare this program to your own medical insurance, at least compared to mine, it far exceeds what you can get even in the private sector. This is dollar one coverage on all those eight basic services, plus all those 24 optional services. This is what they call a Cadillac model of medical insurance. So those individuals who had been on ADC, transitioned off and made up to 185 percent of poverty, the adults in those families and the children in those families were all covered under our policy for the expansion of Medicaid. However, people who had never been on a government program, who made the exact same amount of money, their family was not covered, the children or the adults were not covered under that expansion. What I propose to do is go ahead and cover all of those children across the state of Nebraska in those families, under 100...actually it's under 200 percent of the FPL, the last 15 percent in my program requires a spend-down, similar to what I just discussed on the medically needy. You had to use that 15 percent of your income for medical purposes. So it is essentially families at 185 percent, but it covers only the children in those families. Able-bodied adults in those families would be on their own to get their own medical insurance in the private sector as single parents or dual-earner parents, whatever the case may be. But able-bodied adults who